Morgannwg LDC – Colleagues' Concerns with WG Offer

Financial Risk: Concern that from April all the financial risk will be with the Practice Owner.

Notice to Restart: Colleagues feel that the short notice to restart contract reform with the variation is unfair on both the HB and practices, particularly with new metrics which haven't been piloted. Perhaps a period of no clawback will reassure colleagues and encourage them to take up the offer.

Worked example of Contract Variation: The metrics and the 25/75 split between UDAs and new metrics for a given contract value is clear in the offer document and each practice should be able to calculate the exact figures to which it is to work; it is imperative that at the outset there is agreement between the HB and the Practice on these figures.

Metrics for 2022-23: How will the HB interpret the sentence '*Failure to achieve a metric will not, on its own, be a breach of contract, although where the failure to achieve a metric results in/from a breach of other provisions of the contract the Health Board would have the usual rights/remedies available to it?*'

Fluoride varnish: The statement *'No payment will be made if there is failure to reach that level'* is of concern, particularly in practices where there are several associates. If one associate hits the target and others don't, then that might mean that the overall practice target is not met. This will result in the one who hits the target being penalised.

New Patient Target: Considerable concern around this metric. The 4-year rule was questioned, does it apply to patients who have only been seen as urgent patients? When practices are booked ahead for some months, then none of the patients seen in this period will count toward this metric, and it might not be possible to catch up at the end of the year resulting in clawback. Also, the ability of the RMC to provide new patients has been highlighted – figures for one practice demonstrate this – from May 2021, 90 appointments available, 22 (24%) not allocated or FTA – 11 hours of wasted time. 51% of patients that attended didn't want to return for continuing care so cannot be counted as a new patient – more wasted time. These are significant figures and have a real effect on the ability of a practice to deliver metrics. Under the metric, urgent patients who do not return are not counted, a further risk for practices and a disincentive for practices to see new patients with problems. This doesn't sit with the Minister's desire to increase access.

Supply of services to Existing Patients: Will patients already booked in and in a COT be counted towards the target? Having to have completed a COT within 22/23 is harsh on practices toward the end of the financial year and might encourage premature closure of COTs. The figures themselves have been questioned when there is a requirement also for new patients. There is a limit, given the surgery premises and staff, to the number of patients a practice can see. These metrics do not take this into consideration going forward.

Recall Intervals: As with the Fluoride metric, the decision to remove 5% of the CV is unfair in the practice with several performers.

Child Only Contracts: Since child only contracts are being allowed under the contract variant- should the recall metric for these contracts be altered, as to stipulate less than 20% greens have a recall interval less than a year would not be consistent with NICE guidelines regarding acclimatisation, monitoring of the developing dentition, the faster progression of caries in young people and the monitoring of changing diet and lifestyle habits in teenage years? As with targets for fluoride application this seems to be dentistry by numbers rather than being based on clinical judgement according to NICE guidelines.

Revert to UDAs: it has been stated by the Chair of the BDA that it is not legal to require UDA practices to submit ACORN data.